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WHAT A HEALTH COMMITTEE CAN DO

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WHAT A HEALTH COMMITTEE CAN DO.

"With all deductions the triumphs of sanitary reform, as well as of medical science, are perhaps the brightest page in the history of our century."—W. E. H. LECKY.

MEMBERSHIP of a Health Committee opens up opportunities for social work of the highest importance. The duty of a Health Committee is a very extensive one. It is to prevent all preventable sickness in their district, from whatever cause, and to see that no sickness goes neglected, whatever its nature. Public health administration in the past has done wonderful things in the way of preventing disease and prolonging life. Typhus fever and relapsing fever, which were formerly scourges of the poor, have been swept out of the country; the mortality from typhoid fever, scarlet fever and tuberculosis has been greatly diminished, and the general death-rate has fallen from 21·8 in 1848 to 14·7 in 1908.

Amongst the many influences which have been at work to bring about these results public health administration has certainly been the most important. But although much has already been accomplished, much remains to be done, and the object of this tract is to show in what directions further progress can and ought to be made.*

A Whole-time Officer of Health.

The Medical Officer of Health is the chief of the Public Health Department, and much depends on what sort of man he is and how he is supported by the Health Committee. It is most important that he should devote the whole of his time to public health work. All areas of not less than 50,000 population should have a whole-time Medical Officer of Health, and in many districts with less population, especially industrial towns with a large number of workshops, and scattered districts covering a wide area, a whole-time Medical Officer of Health is necessary. Private practice greatly interferes with his public duties. If he is a capable, energetic and popular man—and a Medical Officer of Health should be all this—he will gain a large private practice and can find little time for his public health duties. Moreover, you cannot reasonably expect a Medical Officer of Health to expose the insanitary cottages or slum dwellings owned by his own clients. Smaller districts should combine together to appoint a whole-time officer, which can be done under the Public Health Act, 1875 (Sec. 191). Towns over 50,000 need one or more Assistant Medical Officers. It is essential that every

* This tract applies more particularly to England and Wales, outside the County of London. In London the Public Health powers are divided between the L.C.C., the Metropolitan Borough Councils, and the Metropolitan Asylums Board.

Medical Officer of Health should be specially qualified for his work, and therefore no applicant should be considered who does not possess the Diploma of Public Health (D.P.H.).

The Health Committee should see that only

Whole-time Sanitary Inspectors

are appointed. Unfortunately, in many districts the sanitary inspector (or inspector of nuisances, as he is called outside London) is also surveyor, and may even hold other posts. This always leads to the public health work being neglected. In the Urban District of Braintree with a population of 6,000 the inspector of nuisances is also surveyor of highways, surveyor of buildings, engineer to the waterworks, engineer to the sewage works, surveyor to the cemetery, and superintendent of the scavenging. For three months this inspector was engaged in re-numbering the houses in the town, and had no time for his other duties.*

A sanitary inspector should devote the whole of his time to his duties and he should hold a proper qualification. On no account ought any candidate to be appointed merely because he is a good fellow, or a honest man, or the victim of misfortunes, or the friend of one of the Councillors. The qualification recognized by the Local Government Board is the certificate of the Sanitary Inspectors Examination Board, without which no sanitary inspector can hold office in London. The certificate of the Royal Sanitary Institute is, however, a good qualification. At least one of the sanitary inspectors of any district should hold a special certificate qualifying him in meat inspection.

How many Sanitary Inspectors are wanted ?

This depends upon the population, area, and social circumstances of the district. An industrial district covering a wide area will need more inspectors (among whom there should always be at least one woman) than a residential district of the same population with a smaller area. Furthermore, county boroughs administer the Food and Drugs Acts, which in the smaller boroughs and in urban and rural districts are under the charge of the County Council. As a general rule a district should appoint not less than one sanitary inspector to every 10,000 population, in addition to health visitors ; and if the women inspectors act also as health visitors more inspectors are required.

The most progressive towns already exceed this scale. For instance, Liverpool employs 43 male sanitary inspectors and 21 female, besides a milk depôt staff, inspectors of meat and animals, of fish and fruit, inspectors under the Food and Drugs Acts and the Factory and Workshops Acts, and others. The total sanitary administration staff consists of 162 persons (116 men and 46 women) besides the clerical staff. This is about 2 per 10,000 population.

* Dr. Reece's Report to the Local Government Board on the sanitary circumstances of Braintree.

Women Sanitary Inspectors

are particularly needed in districts where female labor is employed. The women inspectors should ascertain whether proper and sufficient sanitary conveniences are provided for women in factories, workshops and work places, and they should supervise the general sanitation of workshops and work places where female labor is employed and of the homes of outworkers. Women inspectors may take part in house-to-house inspection and in the supervision of tenement houses, and they can do very useful work in making enquiries in cases of infectious disease, investigating cases of overcrowding and other insanitary conditions. In some districts the women sanitary inspectors devote part of their time to health visiting; in others this work is carried out by special

Health Visitors

who give their whole time to the work. Health visiting is a most important department of the work of a Health Committee, and in every district there should be one or more properly salaried and qualified women for this work, as well as a staff of volunteer helpers.

The duties of health visitors are various, but perhaps most important is to visit mothers in their own homes and to give sympathetic counsel on what is necessary for the successful rearing of babies. It is desirable that the health visitor should have had some experience in nursing, and even if she is not to be employed as a sanitary inspector she should have had training in practical sanitation and should possess a certificate as a sanitary inspector.

An enquiry instituted by the National League of Physical Training shows that in at least ninety places there are one or more health visitors paid entirely from the rates, in twenty places there are from three to four women sanitary inspectors whose official duties include health visiting. In many districts bodies of voluntary health visitors have been organized, and if these are carefully supervised by the paid staff the results are often satisfactory. In thirty-five districts it is believed that infant mortality has been reduced through health visiting, and these include such towns as Glasgow, Hanley, Huddersfield, Macclesfield and Middlesbrough, where the conditions cannot be considered generally favorable to infant life.

At Brighton the Town Council has started municipal home nursing. A trained nurse is employed who attends at home on such cases as puerperal fever or erysipelas, when removal to hospital is not considered desirable. Nurses to visit the sick poor in their homes are also provided by the Health Committee of the Worcestershire County Council, and this example might well be imitated elsewhere. The Barry Urban District Council also sends out its hospital nurses into the homes.

Having briefly described the chief officers of a health department, we may now proceed to indicate some of the more important features of its work.

Now the bulk of a Health Committee's work may be summed up by saying that it strives to secure

Systematic Cleanliness.

"Cleanliness," said Sir B. W. Richardson, "covers the whole field of sanitary labor. It is the beginning and the end." This rather overstates the case ; but at all events we may agree with Sir John Simon, who said that "Uncleanness must be reckoned as the deadliest of our present removable causes of disease." We want cleanliness in many places, and in the first place we want

Cleanliness in the Atmosphere.

In most of our manufacturing districts the atmosphere is anything but clean. Professor Cohen, of the Leeds University, has calculated that within the four most thickly populated square miles of Leeds twenty tons of soot are discharged daily into the air. It is an offence against the Public Health Act, 1875, Sec. 91, to allow any chimney (not being the chimney of a private dwelling house) to send forth black smoke in such quantity as to be a nuisance ; and the same section provides that any fireplace or furnace used in any trade process must, as far as practicable, consume its own smoke. But in many districts this law is a dead letter, and the sanitary authority tacitly allows factories to pollute the air with poisonous smoke. It is said in excuse of this *laissez faire* policy that the emission of smoke is unavoidable, and that any attempt to control it would only hamper home industries. This is nonsense. A smoky chimney is wasteful to the owner ; it is a danger to the community by shutting out the sunlight that is so essential to health, and it is an unnecessary evil. The emission of smoke can be prevented as in some districts it is prevented, and it is not necessary to instal elaborate and expensive appliances. The chief preventive measure is good stoking. If a manufacturer chooses trustworthy stokers, pays them well, and makes it worth their while not to allow black smoke, he will keep his chimneys clean and at the same time confer a benefit on his neighbors. In Glasgow, according to the chief sanitary inspector, 90 per cent. of the complaints made against manufacturers are caused by careless stoking. In Germany the training of stokers is subsidized by the Government as a branch of technical education.* The same thing is done by the Education Committee of the Leicester Town Council. It would often be a good thing to get the Health Committee to urge the Education Committee to start such classes for stokers. No Health Committee is doing its work properly if it fails to deal with the smoke nuisance.

Cleanliness in the Street.

Dirt in the street soon finds its way into the house. A good deal of the dust in a city dweller's house consists of dried horse dung blown in from the street. Street cleanliness is a matter partly of

* "The Destruction of Daylight," by J. W. Graham.

paving and partly of scavenging, both under the control of the Highways Committee, but the Health Committee, being responsible for the health of the district, should take note of them and should offer to the Highways Committee any suggestions that seem called for in the interest of the public. It must be remembered that the side streets of our large towns serve as playgrounds for the children, and for their sake we should make them as healthy as possible. A town street should be paved with impervious material which does not, as macadam does, soak up filth. With a smooth impervious pavement the street is washed clean by every shower and scavenging becomes much simpler and more effective ; for on a smooth impervious surface the hose and the squeegee can be used with excellent effect, as is done in parts of London and in many continental cities. The best form of pavement is asphalte, but tarred macadam is also very good and is much less expensive to lay down. In Battersea, since 1904, the carriage ways of fifty-two streets have been paved in this manner, and the great decrease in mortality that has taken place in the areas where this pavement has been laid down is attributed by the Medical Officer of Health in part to the improved paving.* Another important feature of civic cleanliness is a frequent

Removal of Dust.

In many districts garbage and house refuse is only taken away once a week. This is not often enough. The first principle of sanitation is that all refuse and waste matter should be removed as quickly as possible. Many towns have adopted a daily dust removal, and this system should be adopted in all urban areas. All fixed ash-pits should be abolished and only moveable metal receptacles should be used. The frequent

Removal of Manure

from stables, mews and other premises should be insisted upon. Manure heaps are good breeding-grounds for flies, which are now known to be inimical to health. Flies convey the germs of disease from the filth in which they live to human food, especially milk, and in order to keep down the plague of flies accumulations of manure and other filth should be prevented. Under Section 50 of the Public Health Act, 1875, an urban sanitary authority can require the daily removal of manure or other refuse matter from mews, stables, or other premises, and this should be done particularly in the summer.

Backyard Cleanliness.

If the backyard is not clean the house will not be clean, for filth from the yard soon finds its way into the house. It will be brought in as mud in wet weather and blown in as dust in dry weather. Yard cleanliness, like street cleanliness, is greatly promoted by impervious paving. The surface of a backyard tends to become polluted with all kinds of filth, the excrement of domestic animals, droppings from the dust-bin, scraps of putrefying food, etc., and there is reason

* Annual Report of Dr. Lennane, Medical Officer of Health, Battersea, 1908.

to think that the contamination of milk and other food with foul dust from a polluted backyard is one of the causes of summer diarrhœa. Backyards should be paved with a smooth, impervious surface properly sloped to a gully. Such a yard will be effectually cleansed by every shower of rain.

Having secured cleanliness outside we must see that there is cleanliness inside, and for this purpose the Health Committee must institute a

House-to-house Inspection.

In every district there should always be going on a systematic inspection which should cover the whole of the district at least once in five years. Every year each of the inspectors engaged in this work should have a number of streets allotted to him, and he should go from house to house with a keen nose for insanitary conditions. This inspection should by no means be confined to the poorer quarters of the district. Bad sanitation exists in good class houses. Overcrowding may occur in servants' bedrooms, and bad smells and rats from defective drains, although they may be unnoticed by the family upstairs, may be a source of considerable discomfort and danger to the servants in their underground kitchens.

The caretakers' quarters in a block of commodious and imposing flats may be grossly insanitary. In Hampstead a systematic inspection of flats revealed the fact that in many cases the caretaker was housed in illegally occupied underground rooms.* Some classes of house require more frequent inspection than once in five years. This applies particularly to

Tenement Houses.

Many of these need constant supervision by the sanitary inspector to keep them in a decent sanitary condition, especially those originally built for one family only and occupied by several owing to the "going down" of the neighborhood. Most of the London poor have to live in such houses, and it is only in a few exceptional cases that any structural alterations have been made to adapt the house for occupation by more than one family. The result is that the tenements lack many domestic conveniences and cannot be called homes. For instance, in many of these houses the only water supply for all the occupiers is a tap in the basement. When water is so hard to obtain it is idle to expect people to be clean. The London County Council have recently obtained power, under Section 78 of the General Powers Act, 1907, for the London sanitary authorities to require a proper and sufficient supply of water on each storey of a tenement house. This section should be rigorously enforced, and sanitary authorities outside London should ask Parliament for similar power.

Many tenement houses greatly benefit by being registered as houses let in lodgings, thus becoming subject to the bye-laws relating to such houses. These confer useful powers upon the sanitary

* Annual Report of the Medical Officer of Health, Hampstead, 1908.

authority and impose certain duties upon the landlord, as for instance the duty of carrying out an annual cleansing of the house. The Health Committee should if necessary exert pressure to keep the local authority up to its duty in making and enforcing these bye-laws.

Another type of house that needs special supervision is the

Common Lodging House.

The condition of these houses has greatly improved in recent years with the increasing efficiency of public health administration. The shifting population of a common lodging house has innumerable opportunities of spreading disease and vermin, and therefore requires careful supervision. A high standard of cleanliness should be maintained in these places ; the beds should be kept free from vermin (an ordinary plumber's lamp will do wonders with an iron bedstead in the destruction of bugs) ; and spitting on the floor, which was formerly a common practice, should be sternly repressed. In the ordering of common lodging houses, as in many other things, example is better than precept, and the sanitary authority will find that by providing a well managed municipal common lodging house they will achieve more than can be done by any amount of inspection to raise the standard of the other common lodging houses in the district.

Cellar Dwellings.

Cellar dwellings, that is, underground rooms occupied separately as dwellings, are subject to special sanitary requirements—for instance, the Housing, Town Planning, etc., Act prohibits the use of an underground room as a sleeping place—and it is the business of the Health Committee to see that these requirements are fulfilled. Special inspections should be made for the discovery of these dwellings, which should be entered in a separate register and dealt with as the law provides.

The Protection of the Food Supply.

This is a vitally important part of a Health Committee's work. All places where food is prepared and sold, such as slaughter houses, butchers' shops, bakehouses, milk shops, restaurant kitchens and sausage factories, should be brought under frequent and systematic supervision. A vast amount of illness is due to unwholesome food. One at least of the sanitary inspectors should hold a special certificate of proficiency in meat inspection, and he should be on duty every Saturday night in the poorer parts of the district. Meat inspection is greatly helped by the establishment of a

Municipal Slaughter House,

which butchers should be encouraged to use. Private slaughter houses are objectionable on several grounds. Adequate inspection is extremely difficult, and the public has no proper security that the work is carried out either with humanity towards the animals or with the sanitary safeguards necessary for the consumers' health. But this is not all. "Besides the general public there is another

class which suffers from the system, namely, the unfortunate individuals who have to live in immediate proximity to the slaughter house. In nine cases out of ten we find these buildings packed away at the end of some court or alley with dwellings crowded round within a few yards of them." This proximity is exceedingly bad both from a sanitary and a moral point of view for the dwellers in these courts, especially women and young children.* Brighton has had a public abattoir for 15 years. This institution is made use of more and more every year, and yields an income of £400 to £500 a year in tolls.† Cheltenham, Glasgow, South Shields, Liverpool, Manchester, Dundee, Lincoln, Edinburgh, Leeds, Birmingham, amongst other towns, also have public abattoirs. If all animals used for food were killed in municipal slaughter houses under proper inspection a good deal of disease would be prevented. In this respect England is far behind Germany and other countries. More important than meat, however, is the question of the

Milk Supply.

Milk is a most valuable food, but it is easily contaminated, and when contaminated may be a deadly poison. Adulteration with water or chemicals may be dealt with under the Sale of Food and Drugs Acts, but filth and germs are much more serious, and the law at present is inadequate to deal with them. But even under the present law a good deal can be done to enforce decent sanitation in cowsheds, dairies and milk shops, and the Health Committee should see that these places are frequently inspected.

Towns are at a disadvantage in this matter, for nearly all the milk consumed in the towns is produced in the country. Rural sanitary authorities if they did their work properly could effect considerable improvements in our milk supply. Every member of a Health Committee should procure a copy of the regulations that apply to cowsheds, dairies and milk shops, and should see that these regulations instead of remaining a dead letter, as is too often the case, are properly enforced.

The Prevention of Adulteration.

Every local authority charged with the administration of the Sale of Food and Drugs Acts should take a sufficient number of samples for analysis under the Acts. The number that ought to be taken will vary in different districts, but it should not as a rule fall below 10 samples per 1,000 population per year.

This work should be done by special inspectors, who should use their wits to frustrate the numerous dodges devised by dishonest traders to evade the Acts. The inspectors soon become well known, and it is useless for them to purchase samples personally. They must work through agents and must change the agents frequently.

* See an excellent article on this subject by Christopher Cash, B.A., in the *Medical Officer*, May, 1909, p. 876, and the same writer's book "Our Slaughter House System," Bell, 1907.

† See Report of the Medical Officer.

Another precaution is necessary. Fraudulent traders always keep the genuine article and are careful to supply it to strangers who may possibly be inspectors' agents. The adulterated article is reserved for regular customers, and in dealing with this class of trader it is necessary for the agent to become a regular customer by making a number of purchases before the official sample is taken. This plan should also be adopted for the detection of the shopkeepers who make big profits by selling margarine as butter.

The analyses made under the Food and Drugs Acts are chemical analyses, and although they afford valuable information of the kind of food that is consumed in the district it is necessary also in the case of certain articles of food and drink to make a periodical

Bacteriological Analysis.

The water supply, milk supply, and certain foods should be analysed for the presence of germs—either the germs of disease or germs that indicate pollution with sewage or other noxious matter. For instance, samples of milk should be examined for the presence of tubercle bacilli. The Health Committee ought to know what proportion of milk consumed in their district contains the germs of tuberculosis.

The sanitary authority should arrange with a bacteriological laboratory of repute for the examination of samples or else establish a municipal laboratory.

Bacteriological examination is most useful also in the

Prevention of Infectious Disease.

In the control of these diseases it is essential to arrive at an early diagnosis, so that the patient may be properly isolated and disinfection carried out. In certain diseases, for instance, diphtheria and typhoid fever, the bacteriological examination of a specimen taken from the patient may result in an early diagnosis which otherwise would be delayed. The cost of such examinations, which are made chiefly in the interest of the public, should be borne by the public, and every sanitary authority should encourage the doctors in the district to send specimens for examination free of cost.

Maintenance of the Public Health.

But the duty of the Health Committee is not only to prevent the occurrence of disease: it is also to see to all the disease that does occur, in order to ensure that the necessary steps may be taken to prevent its recurrence in the same or any other person. For this purpose the Health Committee has very large powers; indeed, under Section 133 of the Public Health Acts, Health Committees may take almost any action that they think necessary in emergency to save life or prevent disease. Thus, they may do (as the Liverpool and Manchester Town Councils have done) pay the fees of doctors called in under the Midwives Act, 1902, in cases of emergency; they may (as many Health Committees have done) supply any medicines or drugs free of charge to patients or medical practitioners, and even

(as some Health Committees have occasionally done) pay medical practitioners to administer them; they may (as some Health Committees do) treat scarlet fever or puerperal fever, or, indeed, any other disease, in the patient's own home, instead of removing the case to their hospital; they may (like the Worcestershire County Council) start a whole system of domiciliary nursing; they may even, as part of the treatment, pay what is necessary for the maintenance of the sick patient in his own home; they may pay for the maintenance of "contacts," or those who are prevented from going to work because they have come in contact with infectious persons.

Hospitals.

The town or urban district council has power, under the Public Health Act, 1875, to establish and maintain public hospitals for all diseases whatsoever (including maternity). It is quite a mistake, though a common one, to suppose that this power is limited to isolation hospitals for infectious diseases. Very few Health Committees have yet used these powers, but the Barry Urban District Council and the Widnes Urban District Council have set up municipal hospitals for accidents and non-infectious cases. Why not get your council to do the same? The sanitary authority should at least provide hospital accommodation for the isolation of patients suffering from small pox, diphtheria, typhoid fever, and scarlet fever, and, wherever possible, for measles. In the latter disease, however, the hospital is wanted not so much to prevent the spread of infection, but to reduce the mortality from it. Children die of measles because they cannot in their own poor homes get the warmth, good food, and good nursing they need. Deaths are chiefly due to complications that could be prevented if the patients were properly looked after, which in many poor homes is impossible. Unhappily few districts provide as yet hospital accommodation for measles. The Liverpool Municipal Hospital now takes in cases of measles and whooping cough, and the same is said to be the case in Edinburgh. But in London the Metropolitan Asylums Board (which is the isolation hospital authority) refuses to take cases of measles, and except for a whooping cough ward in the Evelina Hospital, the only accommodation available for the poor is that provided in the poor law infirmaries. Hospitals free from the stigma of pauperism for measles patients who cannot be properly cared for in their own homes are much needed just now, and a Health Committee can do very good work in persuading the local authority to provide them.

The Prevention of Tuberculosis.*

This is one of the most pressing public health problems of the present time. Tuberculosis is due to the successful invasion of the body by a germ, the tubercle bacillus. It is communicable from man to man, and by means of meat, and especially milk, from animals to man. In its onslaught the tubercle bacillus is greatly

* On this subject the reader should consult "The Prevention of Tuberculosis," by Dr. Newsholme, Medical Officer of the Local Government Board.

helped if the person attacked lives among insanitary surroundings, is underfed, overworked, or alcoholic. Anything that tends to remove these conditions is working for the prevention of tuberculosis, but we want also more direct preventive measures aimed at the destruction of the bacillus itself. The chief source of infection is the expectoration of a consumptive patient, which contains millions of bacilli. These remain in the dust on floors and elsewhere, and are blown about by the wind. An easy way of attacking tuberculosis is to prevent indiscriminate spitting. The sanitary authority should distribute leaflets and printed notices on the dangers of spitting elsewhere than in a proper receptacle, and a byelaw against spitting in public places should be adopted. It is specially important that consumptive patients should be instructed as to the proper disposal of their expectoration. In order that such instruction may be given, proper spit-bottles provided, and disinfection carried out at public cost, as well as for other reasons, consumption should be made notifiable. Among poor law patients it is already notifiable, and this rule should be extended to all classes, either by a voluntary system, or by following the example of Sheffield and securing compulsory notifications by means of a private Act. The early diagnosis of consumption is important, not only because it enables preventive measures to be taken at the beginning of the disease, but also because the patient's chances of recovery depend chiefly upon the early adoption of proper treatment. The sanitary authority should offer free bacteriological examination of sputum and should establish a

Tuberculosis Dispensary.

These have been established in large numbers in France, and have been found of great value. In our country one has been at work in Edinburgh since 1887, and another has recently been established in Paddington. The work of these dispensaries is to detect early cases of consumption, to treat in their own homes patients who cannot go to a sanatorium and who are unable to pay for medical treatment, to help the patients to live healthy lives as far as possible, and to instruct them so that they may not be a danger to others. The dispensary doctor supervises the home treatment and enquires as to the health of the other members of the family with a view to detecting cases of the disease while they are still in the early and curable stage.

The dispensary supplies cod-liver oil and other medical necessities, and attached to it there is usually a body of philanthropic workers, who obtain suitable employment for the patient, give financial assistance when required to the family, and afford help in various other ways. A tuberculosis dispensary should form part of the health department in every large urban area. Wherever possible, the Health Committee should also have its own hospital for consumptive patients, as the Brighton Health Committee has, where the patient can go for a month or two, and be taught how to live.

Another necessary institution is the

Phthisis Sanatorium.

Sanatoria are needed for two classes. First there are the patients in an advanced stage of the disease, for whom cure is hopeless. These patients are the most dangerous sources of infection, for they not only bring up a large quantity of sputum, but they are too weak to observe the strict cleanliness that a consumptive must maintain if he is not to be a source of grave danger to his family. The poor among these patients frequently die in Poor Law institutions, in many of which the consumptives are nursed in the general wards. Sanatoria where these unfortunate people may end their days free from the stigma of pauperism are much needed.

Sanatoria are needed also for patients in the earlier stages of consumption. Dr. Newsholme thus sums up their advantages.*

1. In early and suitable cases a cure may be expected.
2. Short of a cure, in a large number of cases, arrest of disease occurs, the patient is able to resume his work at least to a modified extent, and his working life is much prolonged.
3. While the patient is in the sanatorium his home is disinfected, his relatives are free from recurring infection, and have time to recover their full measure of resistance to infection.
4. On his return home and to his work the patient is much less likely than before, even though he continues to have sputum containing tubercle bacilli, to be a source of infection to others.

In some towns, for instance Brighton and Leicester, it has been found possible to devote one or more blocks of the isolation hospital to sanatorium treatment of consumption, and with great success.

In Brighton this treatment is offered in all cases suitable for it, and in actual fact more than half the total cases at present under observation in Brighton have spent at least four weeks in the Borough Sanatorium, and have there been taught the precautionary measures needed to prevent infection and the personal régime suitable to their illness ; while at the same time their families have had a temporary holiday from sick-nursing, the house has been disinfected, and the patient has returned with a knowledge of the way to avoid re-infecting it.

The Cleansing of Verminous Persons.

There is one communicable disease that calls for special mention, and that is *pediculosis* or lousiness. This is a horrible condition that ought not to be tolerated in a civilized community, and it specially afflicts two classes—school children and the inmates of common lodging houses. The Children Act, 1908, gives the local education authority power to enforce the cleansing of school children, and the London County Council's General Powers Act, 1907, contains a provision, which might with advantage appear in many local Acts, conferring a similar power with regard to the inmates of common

* Newsholme, "The Prevention of Tuberculosis," p. 382 (abbreviated).

lodging houses. By the Cleansing of Persons Act, 1897, a sanitary authority has power to fit up and maintain a cleansing station, and in Marylebone, where the Act is energetically administered, about 30,000 persons have been freed from vermin in the last ten years. Do not despise this matter, or think it of no consequence. Every town ought to provide in some way for this help to the poor to keep themselves clean.

Infant Mortality.

The prevention of infant mortality is a matter of supreme importance, and every member of a Health Committee should find out precisely what is being done in his district in this direction. Ask the Medical Officer for a special report as to how the infantile death rate compares with that of other places, and as to what is being done to reduce it. Infant mortality is due to many causes, and must be fought with many weapons. One of the most important causes is summer diarrhoea, which is a filth disease and can be prevented by cleanliness. The measures for promoting cleanliness indicated in the earlier part of this tract are most important in this connection. Clean air, clean streets, clean yards, clean houses, all work together to protect infant life. But other measures are necessary. There should be a wide dissemination of information about the proper ways of feeding and generally looking after babies. Cards containing instruction on these matters should be freely distributed, and a sufficient number of health visitors should be employed to visit mothers and give them practical instruction. The health visitors should begin their visits early in the baby's life, and this cannot be done unless they have timely notice of the baby's arrival. The Notification of Births Act should, therefore, be adopted. Mothers should be encouraged to bring their babies periodically to be weighed, so that it may be seen whether their progress is satisfactory. In Battersea a room at the public baths is set aside one afternoon a week for baby weighing. The mothers should be encouraged to nurse their babies; but often this is impracticable, because the mother, from want of food, loses her milk. In many districts efforts are now being made to supply nursing mothers with the food required to enable them to continue to nurse. Such schemes should be supported by the Health Committee who, for instance, might arrange (as has been done in France) to supply nursing mothers with milk at reduced rates from the

Municipal Milk Depot,

which a progressive sanitary authority in earnest about infant mortality will establish. There are many babies who, for various reasons, cannot be naturally fed, and these too frequently are given condensed milk, worthless patent foods, and unwholesome cow's milk. For these babies properly prepared milk may mean the difference between life and death.*

* For further details see "Municipal Milk and Public Health," by F. Lawson Dodd, D.P.H. Fabian Tract No. 122.

The Supervision of Midwives.

The county and county borough councils administer the Midwives Act, 1902, which is one of the most important measures ever placed on the statute book. Every year thousands of women die in child-bed from causes that could have been prevented had the women been properly looked after. No less than 50 per cent. of the births in this country take place under the care of midwives, who by the Midwives Act are brought for the first time under supervision. The local authority should appoint skilled persons to supervise the midwives—women doctors are specially useful for this purpose—and should see that a high standard of cleanliness and efficiency is maintained. In difficult cases a midwife is obliged to call in a doctor, and one of the defects of the Act is that no provision is made for the payment of the doctor in those cases, unfortunately very numerous, where the patient is unable to pay the fee. In some districts the fee is paid by the guardians, after much delay and repeated enquiries by the relieving officer, and then only in cases in which the family is adjudged to be destitute, but this is most inadvisable, for it makes the patient and her husband paupers, which they bitterly resent; it “worries” the poor woman, and it tends to prevent the smooth and effective working of the Act. The doctors summoned by midwives should be paid by the authority entrusted with the supervision of the midwives. This is done in Liverpool and Manchester, with highly satisfactory results; and every Health Committee should order it to be done under Section 133 of the Public Health Act.

USEFUL BOOKS on the subject which every Public Library should have, and which the Library Committee would probably procure on a Councillor's application:—

- Sanitary Law and Practice. ROBERTSON and PORTER. The Sanitary Publishing Company. 10s. 6d.
 Public Health Problems. J. F. SYKES. Walter Scott.
 The Health of the State. G. NEWMAN. Headley Brothers. 1s.
 The Prevention of Tuberculosis. ARTHUR NEWSHOLME. Methuen. 7s. 6d.
 Infant Mortality. G. NEWMAN. Methuen. 7s. 6d.
 The Public Health Agitation, 1833-48. B. L. HUTCHINS. Fifield. 2s. 6d.
 English Sanitary Institutions. Sir JOHN SIMON. Smith Elder and Co.
 The Destruction of Daylight. J. W. GRAHAM. Allen. 1s. 6d.
 Infantile Mortality and Infants' Milk Depots. G. F. MCCLEARY. 1905.
 The Common Sense of the Milk Question. JOSEPH SPARGO. Macmillan.
 The Problem of the Milk Supply. F. LAWSON DODD. Baillière. 1s. 6d.
 The Work of the Health Visitor. G. F. MCCLEARY. *Albany Review*, April, 1907.
 Public Health Administration in Glasgow. J. B. RUSSELL and A. K. CHALMERS. Maclehose. 1905.
 The Hygiene of School Life. RALPH H. CROWLEY. Methuen. 1910.
 Annual Reports of the Public Health Committee of the L.C.C., submitting reports of Chief Medical Officer and Medical Officer (Education). King.
 Annual Report of the Medical Officer of the Local Government Board. Wyman.
 Annual Report of the Chief Medical Officer of the Board of Education. Wyman.
 Annual Reports of the Chief Inspector of Factories and Workshops. Wyman.

Those wishing to keep informed on public health progress should refer to *Public Health*, the monthly official journal of the Society of Medical Officers of Health.

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